Emergency Department
Safety NET:
Naloxone Education Toolkit
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Author

Briana Quinn, MPH, BSN, RN, Senior Associate, IQSIP

Editor

Catherine Olson, MSN, RN, Director, IQSIP

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Disclaimer

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Introduction

Opioid overdose has reached epidemic levels in the U.S. and impacts emergency departments (EDs) on a daily basis. This places frontline ED staff in an optimal position to provide just-in-time education to help prevent deaths resulting from opioid overdose. The ENA Naloxone Education Toolkit (NET) is designed for emergency nurses and providers, and includes the necessary resources to educate patients and family members about opioid overdose. Information on distribution and proper use of naloxone kits is also included in this toolkit.

In the development of this toolkit, ENA conducted a comprehensive review of the literature on opioid overdose education as well as bystander use of naloxone to prevent death from opioid overdose.
Background

The number of fatalities related to the U.S. opioid overdose epidemic has been staggering, and presents a public health crisis.

**Epidemic rates of opioid overdoses**

Deaths caused by opioid overdoses have reached frighteningly high numbers in the United States. In 2013, almost 24,500 people in the U.S. died of an overdose from one of the following three causes: heroin, prescription opioid analgesics, or a combination of both. The number of prescription opioid overdose fatalities has quadrupled in the U.S. since 1999, with 44 people dying every day as a result of an opioid prescription drug overdose. The number of heroin deaths has also quadrupled during this same time period, with the most significant increase in fatalities occurring since 2010. Figure 1 depicts this surge in prescription opioid medication and heroin deaths in the U.S.

![Figure 1. Age-adjusted rates for drug-poisoning deaths, by type of drug: United States, 2000–2013](image)

The actual number of these deaths is likely far greater than reported because between 20% and 25% of overdose deaths are not coded with information on the drug that led to the overdose.
Government funding to combat the epidemic
In addition to many states actively working to tackle the problem of opioid overdoses, the White House has become involved, requesting $133 million in funding for the prevention of opioid-related deaths. Three priority areas for funding are to address the over-prescription of opioid pain reliever medications and to increase the use and distribution of naloxone.

Increase in opioid prescriptions
In 2012, there were 258.9 million prescriptions written for opioid medications. This equates to 82.5 opioid prescriptions per 100 persons. The rates vary among the states, indicating a lack of consistency in prescribing guidelines and their implementation. This increase in opioid prescriptions has coincided with the nationwide increase in prescription opioid overdose-related fatalities. The influx of prescription opioids into society allows people to obtain them through multiple avenues, including direct prescription from their physician, diversion from family and friends, or illegal street purchases.

Increase in heroin use
Coinciding with the increase in opioid prescription and use has been the increase in heroin use. As stated previously, most heroin-related overdose fatalities have occurred since 2010, with the Midwest and the Northeast having the highest percentage of deaths per population. Many heroin users had initially used prescription opioids, whether prescribed to them or obtained without a prescription. Hospital admission rates for prescription opioid overdoses are predictive of an increased admission rate for heroin overdoses in subsequent years. In a study of heroin users, many stated they began using drugs through oral intake of non-prescribed opioids in social situations during middle and high school, with later transition to heroin. Many people who transition to heroin from prescription opioids do so because it is less expensive and results in a stronger effect. In addition, heroin has increased in availability and purity while decreasing in cost.

Emergency departments: how they contribute
Prescribing habits of providers in the ED have also contributed to this epidemic. For example, adolescents presenting to the ED with a chief complaint of headache are frequently prescribed opioid medications, although this practice does not follow the recommended guidelines set forth by the American Academy of Neurology for treatment of migraine headaches in children and adolescents. In another example, previously opioid-naïve patients who were prescribed opioids from the ED for acute pain were more likely to receive additional opioid prescriptions within one year. This
indicates that opioid prescriptions given during ED visits are increasing the risk of recurrent use of opioid medications among the U.S. population and contributing to the present epidemic.\textsuperscript{12}

**How to approach the epidemic**

The Substance Abuse and Mental Health Services Administration (SAMHSA) has outlined five strategic priorities that can prevent opioid-related overdose deaths.\textsuperscript{13} These strategies are in line with those of several other medical and public health organizations and states aimed at countering the dramatic increase in opioid-related overdose deaths. The most aggressive strategies in approaching the epidemic have several comprehensive components in common:\textsuperscript{13-15}

1. **Provide prevention and overdose management education for healthcare providers, first responders, persons at high risk of overdose, and their friends and family**
   
   There are a variety of people, such as family and peers, who can react promptly to treat people experiencing an opioid overdose.\textsuperscript{13} The success of the distribution of naloxone kits in reducing opioid overdose fatalities highlights the importance of educating this population on the proper ways to prevent and manage an overdose.\textsuperscript{16}

2. **Increase access to substance abuse treatment for those in need**
   
   Naloxone, while effective at reversing an opioid overdose, is a treatment for a person with an opioid addiction or who is misusing or abusing opioids. Medication-Assisted Treatment is one of the Secretary of Health and Human Services’ three priority areas for helping individuals with opioid use disorders.\textsuperscript{3} SAMHSA has a web page dedicated to finding local substance misuse treatment centers.\textsuperscript{13}

3. **Increase access to and provide education on the use of naloxone**
   
   **Naloxone (Narcan):**

   Opioids bind to opioid receptors in the central nervous system, leading to respiratory depression in an opioid overdose. Naloxone (Narcan) is a competitive antagonist for opioids. As such, it knocks the opioid molecule off the opioid receptor, thereby removing the effect of the opioid and relieving the respiratory depression.\textsuperscript{17} Naloxone can be administered by multiple routes, including intravenous, subcutaneous, intramuscular, and intranasal.\textsuperscript{18}
Community-based naloxone take-home programs:

Beginning in 1996, naloxone kits have been dispensed by community groups to persons at risk of overdose.\(^6\) Naloxone kits typically contain two doses of naloxone, educational overdose guides, the administration route, gloves, and a rescue breathing mask for respirations.\(^{19}\) These kits are generally distributed along with overdose education, which typically includes signs and symptoms of an overdose, education on how to manage an overdose, and the administration of the naloxone.\(^6\) Since their inception, these programs have distributed more than 152,283 naloxone kits to laypersons with more than 26,463 reported opioid overdose reversals.\(^6\)

While naloxone is typically administered intravenously in the ED, it can be administered intranasally by bystanders in the field using an atomizer adapter. Naloxone kits that utilize the intranasal administration route have proven to be successful in reducing death rates from opioid overdose.\(^{20}\) A brief training on the intranasal technique is all that is required to administer naloxone effectively.\(^{21,22}\) Research has shown that effective education on recognizing opioid overdose signs and symptoms, responding to an overdose, recognizing opioid versus non-opioid overdose, and properly managing the overdose can be accomplished in a five- to 10-minute education session.\(^{22}\)

4. **Enact Good Samaritan laws for overdose witnesses to encourage them to call 911 and administer naloxone, if available**

Good Samaritan laws for calling 911 and administering naloxone are intended to increase the likelihood of a peer effectively and properly managing an opioid-related overdose emergency.\(^{15,23,24}\) Bystanders who are under the influence of illegal substances, are carrying illegal substances on their person, or who are at risk of police interference for some other reason, such as violating parole, are less likely to call 911 in the event of witnessing opioid overdose for fear of legal action against them.\(^{25}\)

Good Samaritan laws for use of naloxone and dialing 911 vary by state. Some states lack any such legislation, while others, like Washington state, have laws that encourage bystanders to call 911, offer them protection from drug possession charges, and allow bystanders to carry and administer naloxone to someone they perceive is having an opioid-overdose.\(^{15,26}\)
5. **Encourage prescribers to make more informed prescribing decisions.** This includes toughening and standardizing prescriber guidelines and using state prescription drug monitoring programs.

Prescription drug monitoring programs, training and educational resources, and use of prescriber guidelines are listed by the Department of Health and Human Services as priority areas to combat the opioid epidemic. With variations in opioid prescription practices between the states, and 258.9 million prescriptions for opioid pain medications written in the U.S. in 2013 alone, there is a need to focus on appropriate opioid prescribing procedures.

6. **Provide education about drug take-back programs**

Drug take-back programs are in place to remove prescription drugs from circulation. Through ongoing national take-back days and local take-back locations, the public can turn in unused opioid prescription pills to reduce the chance of these being diverted to or stolen by friends or family. Emergency nurses are in a unique position to provide education regarding locations and dates of local drug take-back programs as part of patient discharge.

**The emergency department as a key stakeholder for intervention**

The ED is at the frontline in public health, and as such, has the potential to be a strategic campaigner against the opioid epidemic. Several interventions can be performed in the ED that complement the efforts of SAMHSA, the U.S. Department of Health and Human Services, several individual states, medical and public health organizations, as well as the various key stakeholders in this interdisciplinary effort.
Purpose of this Toolkit
The purpose of the toolkit is to assist the emergency nurse in providing education for patients and their family or peers who present to the emergency setting with an opioid overdose or who are determined to be at risk for an overdose. This education includes the risks, signs and symptoms, and management of an opioid overdose, and may also include the distribution of naloxone kits to patients and their family and peers. It will allow nurses and healthcare providers to increase their working knowledge of the present opioid overdose epidemic and the initiatives being taken to reduce the rising number of fatalities, resulting in a greater understanding of how to educate people at risk of opioid overdose.

This toolkit will demonstrate how the ED can achieve each of the six aforementioned strategies to reduce the number of opioid-related overdoses in the U.S.

Engaging Stakeholders
The Opioid Epidemic Myth and Fact Sheet contains 10 myths and facts to spark conversations with colleagues about the present opioid overdose epidemic. Information from this sheet, as well as from the “Background” section of the toolkit, can be used when engaging stakeholders and gathering initial support for this initiative.

How to Use This Toolkit
Implementing an Opioid Overdose Prevention Program in the Emergency Department: Five-Step Model for Change
This toolkit uses the extended public health model to achieve success in preventing opioid overdoses. Implementation is broken down into five steps. It is suggested that the team read through all steps and become familiar with the tools before beginning work on this important initiative.
Step 1: Define the Problem

Begin by organizing a multidisciplinary team to begin looking at the problem. Team members should be able to meet on a regular basis and complete assignments by due dates.

The first step in the extended public health model involves defining the problem. Opioid overdose rates and prescribing rate for opioids have regional variability, and it is important to understand the extent of the problem in your community.

Tools: For the Interdisciplinary Team

- **The Opioid Injury Needs Assessment Worksheet** provides questions to help your team better understand the extent to which the present opioid epidemic has touched your community. Completing this worksheet is the first step in this toolkit and will be used in the education of coworkers.

- **The Opioid Overdose and Naloxone Tools Checklist** should be a working document at this point and referred to on a regular basis.
The Opioid Injury Needs Assessment Worksheet

Part 1: Needs assessment checklist for your opioid overdose/naloxone program team

**Instructions:** Fill out the following table to aid in determining the fundamental logistics of how the needs assessment will be performed.

<table>
<thead>
<tr>
<th>Needs Assessment Questions for the Program Team</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Who will perform the needs assessment?</td>
<td></td>
</tr>
<tr>
<td>2. When will the needs assessment be performed?</td>
<td></td>
</tr>
<tr>
<td>3. When will we discuss our results and who needs to be present for that discussion? What information do we need to include in that discussion?</td>
<td></td>
</tr>
<tr>
<td>4. What resources are needed to collect the necessary information and how will we secure these resources?</td>
<td></td>
</tr>
<tr>
<td>5. What role can stakeholders play in the planning, conducting, contributing information, and results analysis and dissemination of the needs assessment?</td>
<td></td>
</tr>
</tbody>
</table>

Part 2: Needs assessment information

**Instructions:** Complete the following to learn more about the opioid overdose issue and prevention needs in the community.

<table>
<thead>
<tr>
<th>Needs Assessment Questions</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Who is the target population? Is this for community outreach or for patients at risk of opioid-induced overdose presenting in your emergency department?</td>
<td></td>
</tr>
<tr>
<td>2. What is the extent of the problem in this population? How many opioid-induced overdoses are presenting to your emergency department or occurring in the community?</td>
<td></td>
</tr>
<tr>
<td>3. What behaviors or factors might be contributing to the opioid overdoses? How many of these overdoses are from heroin, prescription opioids, or both? What has the trend for each of these been in the past five years in your community?</td>
<td></td>
</tr>
<tr>
<td>4. What information needs to be collected to best understand this problem?</td>
<td></td>
</tr>
<tr>
<td>5. What are the needs of the group? Do they need increased access to naloxone? Do they feel “safe” calling 911 due to Good Samaritan laws in place? Are there educational needs for patients taking prescription opioids for pain management needs?</td>
<td></td>
</tr>
<tr>
<td>6. Are there any subgroups within this target population that have specific or different needs?</td>
<td></td>
</tr>
<tr>
<td>7. Where are these overdoses taking place? Are most of the overdoses occurring in private residences?</td>
<td></td>
</tr>
</tbody>
</table>
### Questionnaire on Naloxone Distribution and Education

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who would be able to provide naloxone the fastest to this population?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>8. Are the providers in your emergency department consistently using Prescription Drug Monitoring Programs?</strong></td>
<td>What percentage of patients discharged home from your emergency department are prescribed prescription opioids?</td>
</tr>
<tr>
<td><strong>9. What is being done in your state to address the problem? Are there Good Samaritan laws in place to protect bystanders witnessing an opioid-induced overdose?</strong></td>
<td>If so, how are bystanders protected? Is this law advertised or well known among those and the peers/families of those at risk of overdose? Are the Good Samaritan laws included in the naloxone kits?</td>
</tr>
<tr>
<td><strong>10. What is being done locally to address this problem? Are there naloxone take-home programs in your community?</strong></td>
<td>If so, who dispenses the naloxone: needle exchange programs, public health departments, emergency departments, etc.? Contacting your public health department is one way to learn more about naloxone programs in your community.</td>
</tr>
<tr>
<td><strong>11. Have there been any previous attempts at reducing this problem? If so, what contributed to the success/failure of this attempt?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>12. What resources might be available in the community to address the problem? Can your emergency department work collaboratively with existing naloxone distribution programs to maintain consistency of messaging and education?</strong></td>
<td></td>
</tr>
</tbody>
</table>

# Opioid Overdose and Naloxone Education Tools Checklist

**Instructions:** This checklist provides a list of the tools and actions needed to complete this toolkit in its entirety, including the distribution of naloxone kits to patients at high risk of having an opioid-induced overdose.

<table>
<thead>
<tr>
<th>Item</th>
<th>Person/Team is assigned</th>
<th>Due Date</th>
<th>Task Completed (yes, no)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee or Work Team is designated for this project</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Opioid Injury Needs Assessment Worksheet</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naloxone prescribing laws and Good Samaritan laws are determined for your state.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational in-services and distribution of educational material for interdisciplinary staff on opioid overdose epidemic, suggested education to include:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Opioid Injury Needs Assessment Worksheet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Opioid Overdose Epidemic Myth and Facts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Naloxone Education Toolkit: Background section</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Epinephrine and Naloxone: Similarities in Safe Bystander Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• SAMHSA Opioid Toolkit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Intranasal naloxone kit video</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Autoinjector naloxone video</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Selected information from</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Harm Reduction Coalition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Opioid Prescribing.org</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Results from the Opioid Injury Needs Assessment regarding opioid prescribing habits and patterns and use of Prescription Drug Monitoring Systems are discussed with prescribers. Guidelines for use of Prescription Drug Monitoring Systems, expected use and protocols for prescribing of opioids are put forth.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision to distribute naloxone kits from the emergency setting is determined. If yes, a naloxone kit distribution protocol is developed. The Suggested ED Naloxone</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Distribution Kit Protocol** checklist may be used as a tool for protocol development.

<table>
<thead>
<tr>
<th>Step 1: Define the Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff is educated on naloxone kit distribution protocols and demonstrates ability to effectively communicate naloxone education to patients. Drug Take-Back location sheets and substance abuse treatment centers list is demonstrated by all nursing staff.</strong></td>
</tr>
<tr>
<td><strong>Ask staff if they would like to volunteer to fill out and submit the Naloxone Legislation Template Letter to State Representative. Provide word document via email, with directions on where to send the completed letter.</strong></td>
</tr>
<tr>
<td><strong>Upon naloxone kit distribution rollout, the Naloxone Kits Available Here sign has state Good Samaritan laws and hospital logo added. Sign is then placed in patient rooms and in emergency setting waiting room.</strong></td>
</tr>
<tr>
<td><strong>Hospital logo is added to the Lend a HAND sign. Sign is posted in waiting room and possibly patient rooms.</strong></td>
</tr>
<tr>
<td><strong>Hospital logo and Good Samaritan laws are added to Opioid Safety Pamphlet</strong></td>
</tr>
</tbody>
</table>
Step 2: Identify Causative Factors

The completed Opioid Injury Needs Assessment Worksheet from Step 1 will highlight some of the contributing factors in your community and perhaps in your ED. In Step 2, your committee should look carefully at these results to better understand the issue. This is a time to reach out to some of the naloxone distribution centers in your area, if any, to learn more of their firsthand experience with this problem. Local public health departments and needle exchange programs might be able to refer you to these programs.

In this step, it is also imperative to determine the current naloxone laws and Good Samaritan laws for your state. Many states have Good Samaritan laws that encourage and guide bystanders to properly manage an opioid overdose, such as to call 911 and administer naloxone. These laws vary among the states that do have them. Becoming familiar with your state’s laws involving naloxone, including prescribing and Good Samaritan laws, will help to promote successful implementation of this toolkit.

**Tool: For Emergency Department Nurses**

- Naloxone Legislation Template Letter to State Representative. If Good Samaritan laws protecting bystanders who call 911 and administer naloxone are not enacted in your state, this template letter can be adapted and sent to your state representative to advocate for this. Emergency department staff, including emergency nurses and physicians, can make a difference by encouraging their state representatives to introduce Good Samaritan legislation.³⁴

Note: If you have strong Good Samaritan laws in your state, this letter template can be omitted from the Opioid Overdose and Naloxone Tools Checklist.
The Honorable (Full Name) (Office # and Name)

(City, State, Zip Code)

Dear Senator/Representative/Delegate (last name):

Communities across our state face an alarming increase in prescription opioid and heroin abuse. As an emergency nurse, I have witnessed firsthand the increase in patients suffering from opioid misuse or abuse in our emergency departments. This epidemic requires action that will help support and strengthen efforts at every level across the state.

I urge you to consider sponsoring legislation that would save lives. Specifically, I ask you to sponsor legislation that would make opioid antagonists, such as naloxone, more accessible to individuals at risk of an opioid overdose along with their families or caregivers. When a person overdoses on opioids, they stop breathing. Naloxone, the antidote for opioid overdose, reverses the overdose and permits the victim to breathe again. It will not harm a person who has not taken opioids, and is considered safe by non-medical personnel to use on a person experiencing an overdose.

Community outreach programs first began to distribute and provide education on naloxone to those at risk of opioid overdose in the mid-1990s and distribution programs now exist in 30 states. These programs have distributed 152,283 naloxone kits to laypersons with 26,463 opioid overdose reversals reported. Several medical and public health organizations, including the World Health Organization, recommend that naloxone be made available to persons likely to witness an opioid overdose.

For the legislation to be effective, it also must include Good Samaritan language. Unfortunately, bystanders witnessing an opioid overdose have a tendency not to call 911 due to fear of police involvement, particularly if they are under the influence of or in possession of illegal drugs. Bystanders are also fearful of lawsuits and legal repercussions for administering naloxone without a medical license. Many states now include Good Samaritan language that protects persons who call 911 from prosecution for being in the possession of small amounts of illegal drugs, in addition to protection for bystanders administering naloxone without a medical license. We cannot afford to lose more lives because of the fear that an individual may face criminal charges or be sued for saving a life.

As an emergency nurse, I urge you to sponsor this life-saving legislation. I will assist in any way possible to see that this becomes law.

I appreciate you taking the time to review my request and look forward to your response.

Sincerely,
Step 3: Choose and Develop Program Specifics

Thoughtful development and customization of this program for your ED is essential to its success. For example, if your program will include distribution of naloxone kits, detailed steps will need to be taken. If the committee decides not to distribute naloxone kits, it can focus efforts primarily on patient and family education. Ensure that each decision and assignment has a definitive due date. Performing regular committee check-ins along the way will help ensure forward momentum on all decisions.

**Tool: For Emergency Setting Interdisciplinary Team**

- **Suggested ED Naloxone Distribution Kit Protocol** This sheet includes suggestions for developing a naloxone kit distribution policy for the emergency setting. Providing naloxone kits for patients deemed at risk for an opioid overdose is a proactive measure, especially if they do not fill their naloxone prescription.

- **Naloxone Kit Materials** The guide provided by the Harm Reduction Coalition\(^\text{19}\) reviews the contents of naloxone kits, with instructions specific for the chosen route of administration.
## Suggested ED Naloxone Distribution Kit Protocol

**Instructions:** The following table contains suggested criteria to include in your emergency department’s naloxone distribution kit protocol. Please note that included in this protocol are Electronic Medical Records (EMR)-related items, such as flagging any opioid overdose entering the ED or any prescription written for opioids as an automatic hard-stop or bundle for a naloxone distribution kit. Making this kit come to fruition requires a multidisciplinary team, potentially including the medical director, pharmacy, and emergency department director. As you go through this list to develop the protocol, stakeholders may be added as determined by need or hospital administration directive.

<table>
<thead>
<tr>
<th>Suggested item</th>
<th>Details/explanation</th>
<th>Stakeholders needed for collaboration</th>
<th>Decision to include or exclude</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>The team will need to come together to develop a concise purpose for the naloxone kit distribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patients to be included and receive naloxone kit</strong></td>
<td>This requires clear inclusion criteria. Such criteria could include patients at risk of an opioid-induced overdose. Risk factors include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Past history of overdose, including reason for present ED admission</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Medical reconciliation revealing use of opioid medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Present heroin use</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mixing of drugs: in addition to opioid use, patient has a prescription for or uses benzodiazepines, sleep medications, or alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Loss of tolerance: Patient has history of opioid use or misuse and has recent release from incarceration, recent completion of detox program, or recent or current period of opioid abstinence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Receiving opioid for pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Receiving opioid for pain and has one or more comorbidities such as respiratory diseases (e.g.: COPD, sleep apnea), renal dysfunction, hepatic or cardiac disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Patient, family, or peer requests the naloxone kit</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EMR and the naloxone kit</strong></td>
<td>Determine if there will be a hard-stop in the EMR for the provider to prescribe a naloxone kit for patients:</td>
<td></td>
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</tbody>
</table>
Location of naloxone kit

Determine if the naloxone kit will be stored in the medication dispensing system, kept in pharmacy, locked in a separate cabinet in the emergency department, or other location. If stored in pharmacy, decide if the naloxone kits will be sent by pneumatic tube or hand-delivered to the emergency department by pharmacy.

Ordering the naloxone kits

Determine if the naloxone kits will be ordered by the emergency department pharmacy, if available, or by the hospital pharmacy.

Preparing the naloxone kits

If there is a dedicated emergency department pharmacy, decide if it will prepare the kits or if this will be done by the hospital pharmacy. Also decide if your state’s Good Samaritan laws will be summarized and included in the kit.

Budget considerations

In the case that a patient or visitor who requests the naloxone kit does not have insurance, determine which budget the kit will come out of.

Step 4: Implement Initiatives and Interventions

In this step, you will be providing specific education about this initiative to all ED staff. To ensure a successful program, staff must first become familiar with all patient resources and handouts. Once the education process is complete and the posters, patient hand-outs, and other patient education resources have been chosen, the program will be ready for implementation.

Staff Education Resources

A recent study demonstrated that frequent patient visits to the ED for opioids is associated with increased risk of prescription drug overdose fatalities. Educating staff with prescriptive authority in the use of prescription drug monitoring programs, appropriate prescribing habits, and opioid prescribing guidelines will help to decrease the misuse and abuse of prescription opioids. Development of hospital guidelines for the prescription of opioids will also aid emergency providers in communicating prescription limitations to patients.

Tool: For Opioid Prescribers

- OpioidPrescribing.org is an educational site sponsored by the Boston University School of Medicine and is supported by SAMHSA. This site offers numerous educational videos on opioid prescribing and naloxone.

Tools: For Opioid Prescribers and Nurses

- SAMHSA Opioid Toolkit is intended for opioid prescribers, first responders, family members, and patients. It contains information on naloxone and opioid overdose, as well as educational resources to aid nurses and healthcare providers in understanding opioid prescribing and naloxone use by the layperson.

- Harm Reduction Coalition contains a variety of information to increase the knowledge base of the prescriber and nurse, while also providing ways to engage people in a dialogue about opioid overdose and naloxone distribution.

- Opioid Epidemic Myths and Facts
- Epinephrine and Naloxone: Similarities in Safe Bystander Administration
- Video demonstrating use of intranasal naloxone: Boston Public Health Commission
Emergency Department Safety NET: Naloxone Education Toolkit

- **Video demonstration of naloxone autoinjector:**
  [Veterans Health Administration](#)

- **Naloxone Kit Distribution Protocol** (if applicable)
- **Naloxone Legislation Template Letter to State Representative** (Voluntarily filled out by ED staff)

**Tools: Information for Patients and ED Staff**

ED staff must have a solid working knowledge of opioid overdose prevention educational materials they will be using in their program. Below are the materials and resources for patient education included in this toolkit:

- **Opioid Safety Pamphlet** The information in this pamphlet can be used to assist ED staff in initiating dialog with patients about opioid safety
- Demonstrate use of naloxone kit (if applicable) [See provided video links]
- **Harm Reduction Coalition** This organization provides a wide assortment of educational materials
- **Project Lazarus** This website provides an overview of a successful community naloxone distribution program and includes succinct information on naloxone kits
- **SAMHSA Behavioral Health Treatment Services Locator** The number and location of substance abuse treatment programs varies in each community. A list of these locations and phone numbers should be readily available in your ED. SAMHSA maintains a current list of such facilities throughout the U.S.

**Tool: For Emergency Setting Staff**

- **DEA Drug Take-Back: National Take-Back Initiative** Emergency staff are encouraged to develop and maintain a regularly updated list of local community locations for prescription drug take-back programs. This list should be in an easy-to-access location, such as an icon on every computer with printing capabilities, and should be handed out to each patient who is discharged with a prescription for opioids or who indicates during the ED visit that they have opioid medication at home.
Patient Education Resources

Every patient and family/visitor entering the ED receives education throughout their stay. In the busy ED setting, time is of the essence and all interventions must be both concise and effective. One study demonstrated success with a five- to 10-minute educational intervention that included: signs and symptoms of an opioid overdose, appropriate response to an overdose, how to distinguish opioid from non-opioid overdose, and the method by which to properly assemble and administer intranasal naloxone. The time frame of this educational intervention makes its delivery feasible in the emergency setting.

Many opportunities for education exist in the ED. Methods to reinforce learning include: Posting signs in patient rooms, providing video education via television in patient rooms, having patients scan the QR code (barcode) for a video or educational link, early delivery of informational handouts, and continuing discussions by nursing and healthcare providers throughout the ED visit.

The amount of education needed for patients will vary depending on whether your ED is distributing naloxone kits and which administration route is used with the kits. If naloxone kits are being distributed, emphasize to the patient the importance of keeping the kit with them at all times and to not expose it to temperature extremes, such as leaving it in a car for long periods during very hot or cold weather.

Tool: For Patient Education

- Opioid Safety Pamphlet

Tool: For Patients, Family Members, and Peers

Printed material to keep posted in patient rooms or waiting areas:

- Naloxone Kits Here
- Lend a HAND

Patient Handouts:

- Opioid Safety Pamphlet
Video:

- **Video demonstrating use of intranasal naloxone:**
  Boston Public Health Commission

- **Video demonstration of naloxone autoinjector:**
  Veterans Health Administration

- **Additional Patient Resources:**
  Harm Reduction Coalition
  Project Lazarus
Opioid Epidemic Myth and Fact Sheet

Instructions: Find out what you know about the present opioid overdose epidemic. Share this information with your colleagues to garner support for increasing opioid overdose education and naloxone distribution in your department. The first sentence in each sequence is a common statement about the opioid epidemic, followed by whether it’s a fact or myth and factual material.

1. In 2013, 15,000 people in the United States died from an opioid-induced overdose.  
   MYTH: More than 24,500 people in the U.S. died from an opioid-induced overdose in 2013.¹

2. Discharging patients seen in the emergency department with prescriptions for opioid analgesics is correlated with increased Press Ganey ED patient satisfaction scores.  
   MYTH: A 2014 published study found no association between Press Ganey ED patient satisfaction scores and opioid analgesic administration.²

3. Many persons who have an opioid-induced overdose from heroin began opioid usage with prescription opioid pain medication.  
   FACT: Many persons who have made the transition from oral opioid pain medication to heroin cite cost and stronger effect as reasons.³ In a recent study, 45% of people who use heroin also had opioid pain reliever abuse or dependence.⁴

4. In 2012, there were approximately 100 million prescriptions for opioid pain medication in the United States.  
   MYTH: There were 258.9 million prescriptions for opioid pain medication written in the United States in 2012, with prescription rates varying between each state.⁵

5. Increased access to naloxone is widely supported by a multitude of national organizations.  
   FACT: National organizations that support increased access to Naloxone include:  
   • Emergency Nurses Association  
   • American Public Health Association (November 5, 2013, policy number 20133)  
   • American Medical Association (2015, issue brief)  
   • World Health Organization (Community management of opioid overdose, 2014)  
   • The National Governors Association (NGA paper, 2014)  
   • The American College of Emergency Physicians (Resolution 39(14) and 42(14)).  
   • U.S. Department of Health and Human Services  
   • American Society of Addiction Medicine (ASAM, August 2014)

6. Patients being prescribed opioids for the first time in the emergency department are at low risk for obtaining recurrent opioid prescriptions.  
   MYTH: Twelve percent of formerly opioid-naïve patients who were given an opioid pain-relieving medication prescription upon discharge from the emergency department proceeded to obtain another prescription in less than one year.⁶
7. It takes a long time to educate a layperson as to the signs/symptoms of an opioid overdose and how to administer naloxone. There is no time for such education in the emergency department setting.
   MYS: An opioid overdose educational session including risk factors, signs/symptoms, and appropriate management that includes administration of naloxone, can be effectively accomplished in five to 10 minutes.⁷

8. Laypersons do not have the medical knowledge or capabilities to safely administer naloxone.
   MYTH: Since community programs began distributing naloxone kits in the 1990s, 152,283 naloxone kits were distributed to laypersons with 26,463 opioid overdose reversals reported.⁸

9. Naloxone is on a World Health Organization model list of essential medications under “Antidotes and other substances used in poisonings.”
   FACT: Naloxone is on the core list of medications considered to be essential for current and future public health relevance even in a basic healthcare system.⁹

10. Naloxone kits have been distributed to community members and laypersons for around 20 years.
    FACT: Community naloxone distribution programs have been around since 1996.¹⁰

References:


Step 5: Evaluate, Disseminate, and Sustain

Naloxone distribution and opioid overdose prevention initiatives have gained momentum as their effectiveness has been established. Collect data and maintain records of numbers of naloxone kits distributed and reported rescues using these kits. Also, by tracking the rate and amount of opioids prescribed as well as usage of prescription drug monitoring programs in your ED, the committee will obtain helpful data to guide further efforts for a sustainable initiative. As data is collected, consider developing a plan to disseminate the results, lessons learned, and successes of your program.

Suggested methods of dissemination include:

• Hospital newsletter
• Outreach to the community, including:
  o Naloxone distribution programs
  o State representatives
  o Public health departments
  o Emergency medical services
  o Police departments
  o Schools and school nurses
  o Community centers and religious organizations
• Publication in professional association magazines
• Publication in peer-reviewed journals
Conclusion
ENA would like to thank you and your colleagues for your interest in working to reduce the fatalities associated with the U.S. opioid overdose epidemic.

ENA is interested in your feedback on this toolkit. You can contact us at the email address below:

Institute for Quality, Safety and Injury Prevention
Emergency Nurses Association
IQSIP@ena.org
Abbreviations

ACEP  American College of Emergency Physicians
CDC  Centers for Disease Control and Prevention
ED  Emergency Department
ENA  Emergency Nurses Association
SAMHSA  Substance Abuse and Mental Health Services Administration
WHO  World Health Organization

Glossary

Bystander: For the purpose of this toolkit, a bystander is an unlicensed, non-medical person who witnesses an opioid overdose.

Good Samaritan laws: Laws that protect those providing assistance from prosecution. This can include a person without a medical or nursing license who administers naloxone to a person experiencing an overdose, or a person calling 911 or administering naloxone who is in possession of small amounts of illegal substances or is under the influence of illegal drugs.

Medication-Assisted Therapy: A method of treatment for substance use disorders, such as opioid misuse/abuse, that combines counseling, behavioral therapies, and medication into a comprehensive treatment plan.

Naloxone kit: Since 1996, naloxone kits have been distributed to people at risk of opioid overdose through community programs. Kits usually contain two doses of naloxone, administration route (intranasal or intramuscular), alcohol pads, rescue breathing masks, and simple administration instructions. These items are packaged together in one pouch.

Peer: A peer can be a friend, caretaker, or bystander who witnesses an opioid overdose. If the peer has access to a naloxone kit, they can then call 911 and administer naloxone to the person who has overdosed.

Prescription Drug Monitoring System: These are state-wide systems that collect data and monitor the prescribing and dispensing of controlled substances, including opioid pain medications. The purpose is to track and prevent the abuse and diversion of controlled substances.
References


